

Protocol Cover Sheet for Research Involving Human Subjects

Directions: Submit the original of this cover sheet along with the research protocol attaching any questionnaires and forms to be used in the research to: State of Nevada, Department of Human Resources, Office of Deputy Director.

Please type or print the following information:

Investigator's Information	Investigator's Name and Title	Department	Mail Stop
A. Principal Investigator (not student or faculty member)			
B. Co.: (student or faculty member)			

Project Information

Title of Project:
Funding Agency/Research Sponsor:
Location of Research Facilities:
Cooperating Institutions/Agencies:

Duration of Study (Protocol must be reviewed at least annually):

Start Date:	Conclusion Date:
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Type of Submission (check one)

☐ New ☐ Continuation ☐ Renewal (Attach progress report) ☐ Modification

Previous Log Number (if any): _____

Estimate number of subjects	Subject Type
	Normal adult
	Minors (under 18)
	Pregnant women or fetuses
	Persons with mental illness and/or developmental disabilities
	Persons whose first language is not English
	Patients as controls
	University students
	Public/Private school students
	Patients as experimental subjects
	Prisoners, incarcerated subjects

Procedures: Check those that will be used in research. . Attach all materials that apply.

- ☐ Survey, questionnaire(s)
- ☐ Interview: phone/in-person
- ☐ Medical or other personal records
- ☐ Observation
- ☐ Participant observation
- ☐ Psychological intervention
- ☐ Incomplete disclosure of purpose
- ☐ Venipuncture
- ☐ Other body fluids, excreta
- ☐ Filming, taping, recording
(Attach relevant information)
- ☐ Anthropological fieldwork
(attached CURRENT approval)
- ☐ Investigational Device
- ☐ Placebo
- ☐ Ionizing Radiation
- ☐ Surgery
- ☐ Payment of subjects

For the following provide FDA authorization and IND Name and Number

☐ Investigational Drug _____

☐ Approved drug, New use _____

_____ Total Anticipated Number of Subjects

Principal Investigator's Signature & Date

Division Administrator's Signature & Date
(If applicable)

DHR Department use only

Log Number: _____

Date Received: _____

Review Type:

☐ Full Board ☐ Expedited ☐ Exempt